

**Candidate Intention**

Check One: ☐ Initial ☐ Amendment ☒ Termination

CALIFORNIA 1991 FORM **501**

Office Use Only

**I Candidate Information**

FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE)

Hinchman, David M.

ADDRESS: (NO. AND STREET)

1131 S. Pleasant Avenue

AREA CODE/DAYTIME PHONE

(209) 331-7348

CITY

Lodi

STATE

CA

ZIP CODE

95240

**II Specific Office Sought**

SPECIFIC OFFICE:

Member, Lodi City Council

DISTRICT NUMBER

DATE OF ELECTION

PUBLIC AGENCY NAME:

City of Lodi

JURISDICTION AND LOCATION:

☐ State

☐ County of:

☒ City of: Lodi

☐ Multi-County Jurisdiction:

**III Certification**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

11/15/92

At

Lodi, Calif.

By

*David M. Hinchman*

SIGNATURE OF CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

91 00500

State of California Fair Political Practices Commission.

ailed to APPC on 11/17/92  
jmt